

SILVER BLADES FIGURE SKATING CLUB
Membership Application 2011-2012

PLEASE CHECK THE APPROPRIATE BOX

New Member

Returning Member

If new, name of member who referred you:

Please complete all forms and include a **non-refundable \$100.00 deposit** and mail to treasurer, **Deb Bouts: 6904 TR 135, Findlay, Ohio 45840**. Checks should be made payable to Silver Blades FSC. Any questions, please call Meredith Pitt at (419) 722-3215 or e-mail at: meredith_pitt@yahoo.com. **DEPOSIT MUST BE RECEIVED BY FRIDAY JULY 15, 2011 TO RESERVE YOUR CHILD'S PLACE ON THIS YEAR'S ROSTER.**
*Please include the **PARENTS' E-mail** and please print legibly. Please fill out the entire form*

Name _____ DOB _____

Address _____ City/Zip _____

Home Phone _____ Cell Phone Mom _____ Cell Phone Dad _____

School attending in 2011-2012 _____ ISI # (if known) _____

Father's Name _____ **Occupation/Employer** _____

Address (if different than applicant) _____

Mother's Name _____ **Occupation/Employer** _____

Address (if different than applicant) _____

E-mail Address
Of **PARENT** _____ 2nd e-mail (optional) _____

Check Payment Option: **Option A** **Option B** **Option C**

_____ Please check if you are willing to add your contact information to a club directory for distribution among Silver Blades members only.

_____ Please check if you are interested in a secondary (associate) membership for \$ 50.00, which entitles you to your ISI membership, and options to skate during open skate sessions, (when this time is not all ready filled).

Are there any special circumstances, i.e. medical conditions, custody arrangements, etc., that the instructors should be aware of? _____

The undersigned, for myself, my family, and the member specified herein, applies for membership in the Silver Blades Figure Skating Club (SBFSC) and in consideration of membership in SBFSC, freely assumes all risks, hazards and losses connected with participation in SBFSC, agrees to abide by all rules and regulations of SBFSC and shall indemnify and hold harmless SBFSC, its officers, directors, members and staff from any and all claims, demands, losses, expenses, causes of action and liabilities of any kind of injuries to persons and/or damage to property arising directly or indirectly out of SBFSC membership and/or activities regardless of the negligence on the part of anyone whosoever. I also understand that **all** fees paid for membership are non-refundable.

Signed: _____ Date: _____
(Parent or guardian must sign for those under age 18)

For Office Use: Date Received _____ Amt. _____ Check # _____